

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Put Alaska First

ADDRESS (number and street) ▼

PO Box 92021

☐ Check if different than previously reported. (ACC)

Anchorage

AK

99509-2021

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544346

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

AK

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jim Lottsfeldt

Signature of Treasurer

Jim Lottsfeldt

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Put Alaska First

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		7573.66
(b) Cash on Hand at Beginning of Reporting Period.....	230830.46	
(c) Total Receipts (from Line 19)	1328000.00	10266339.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1558830.46	10273913.53
7. Total Disbursements (from Line 31)	1443415.00	10158498.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	115415.46	115415.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	29818.45	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Put Alaska First

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	52000.00	300800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	52000.00	300800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1276000.00	9928500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	1328000.00	10229300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	37039.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	1328000.00	10266339.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	1328000.00	10266339.87

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-538816.74	194110.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-538816.74	194110.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1982231.74	9959387.60
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1443415.00	10158498.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1443415.00	10158498.07

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1328000.00	10229300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1328000.00	10224300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	-538816.74	194110.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-538816.74	194110.47

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amending per the RFAI I sent in April

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. Michael Hammer

Mailing Address 10601 Prospect Dr

City

Anchorage

State

AK

Zip Code

99507-6409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alaska Glass & Door

Occupation

contractor supply

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : VNHXHDCY745

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Puyallup Tribe of Indians

Mailing Address 3009 E Portland Ave

City

Tacoma

State

WA

Zip Code

98404-4926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : VNHXHDCRBW7

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

52000.00

52000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing
federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9017000.00

Date of Receipt

10 / 16 / 2014

Transaction ID : VNHXHD9PYJ7

Amount of Each Receipt this Period

379500.00

Full Name (Last, First, Middle Initial)

B. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing
federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9116000.00

Date of Receipt

10 / 20 / 2014

Transaction ID : VNHXHDBH1X5

Amount of Each Receipt this Period

99000.00

Full Name (Last, First, Middle Initial)

C. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing
federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9499000.00

Date of Receipt

10 / 24 / 2014

Transaction ID : VNHXHDGXR50

Amount of Each Receipt this Period

383000.00

SUBTOTAL of Receipts This Page (optional)..... ►

861500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9599000.00

Date of Receipt

10 / 27 / 2014

Transaction ID : VNHXHDGXR43

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9814000.00

Date of Receipt

10 / 30 / 2014

Transaction ID : VNHXHDDRHXH0

Amount of Each Receipt this Period

40000.00

Full Name (Last, First, Middle Initial)

C. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9814000.00

Date of Receipt

10 / 30 / 2014

Transaction ID : VNHXHDE0NZ5

Amount of Each Receipt this Period

175000.00

SUBTOTAL of Receipts This Page (optional)..... ►

315000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. SENATE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing
federal political committee.

C C00484642

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9913500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2014

Transaction ID : VNHXHDESDD5

Amount of Each Receipt this Period

99500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

99500.00

1276000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Put Alaska First

00:

[illegible]Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

M M / D D / Y Y Y Y
11 03 2014

00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

007

2955.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

3205.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. HARSTAD STRATEGIC RESEARCH, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

Mailing Address 2820 N Lakeridge Trl

Transaction ID : VNGY99XY4D6

City	State	Zip Code
Boulder	CO	80302-9372

Amount of Each Disbursement this Period

Purpose of Disbursement
Research

005

16500.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Lottsfeldt Strategies

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

Mailing Address 3717 Knik Ave

Transaction ID : VNGY99XY4E4

Amount of Each Disbursement this Period

City	State	Zip Code
Anchorage	AK	99517-1047

16500.00

Purpose of Disbursement
Research

005

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. KeyBank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address 101 W Benson Blvd

Transaction ID : VNGY99WX5S2

Amount of Each Disbursement this Period

City	State	Zip Code
Anchorage	AK	99503-3974

30.00

Purpose of Disbursement
Wire service charges

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16530.00

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Put Alaska First

A. KeyBank

Three digital displays showing the date 10/20/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '20' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

001

30.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: District:

B. KeyBank

001

30.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: District:

C. KeyBank

001

Amount of Each Disbursement this Period

30.00

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: District:

90.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Put Alaska First

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10' with 4 segments lit. The second display shows '24' with 6 segments lit. The third display shows '2014' with 10 segments lit. The displays are arranged horizontally and separated by slashes.

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

M M / D D / Y Y Y Y
10 27 2014

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	58.00
25-34	52.00
35-44	48.00
45-54	42.00
55-64	38.00
65-74	32.00
75-84	28.00
85+	12.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. KeyBank

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement
Wire service charges

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 30 2014

Transaction ID : VNGY99XN657

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. KeyBank

Mailing Address 101 W Benson Blvd

City Anchorage State AK Zip Code 99503-3974

Purpose of Disbursement
Wire service charges

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 31 2014

Transaction ID : VNGY99XN665

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Lottsfeldt Strategies

Mailing Address 3717 Knik Ave

City Anchorage State AK Zip Code 99517-1047

Purpose of Disbursement
Management Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 01 2014

Transaction ID : VNGY99XP865

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10040.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. Perkins Coie

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Legal

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : VNGY99XRFW9

Amount of Each Disbursement this Period

3025.00

Full Name (Last, First, Middle Initial)

B. Threshold

Mailing Address 241 NE 70th Ave

City Portland State OR Zip Code 97213-5667

Purpose of Disbursement
Website

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2014

Transaction ID : VNGY99XSKT1

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

C. Waterfront Strategies

Mailing Address 3050 K St NW
Ste 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement
See Schedule E, TV Media Schedule

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : VNGY99WS0J3

Amount of Each Disbursement this Period

-296492.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-293342.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Put Alaska First

Full Name (Last, First, Middle Initial)

A. Waterfront StrategiesMailing Address 3050 K St NW
Ste 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement
TV Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : VNGY99XAAG5

Amount of Each Disbursement this Period

14736.46

TV ad never released

Full Name (Last, First, Middle Initial)

B. Waterfront StrategiesMailing Address 3050 K St NW
Ste 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement
See Schedule E, TV Media Schedule

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : VNGY99X4E81

Amount of Each Disbursement this Period

-296492.00

Full Name (Last, First, Middle Initial)

C. Waterfront StrategiesMailing Address 3050 K St NW
Ste 100

City Washington State DC Zip Code 20007-5108

Purpose of Disbursement
TV Production

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : VNGY99XP8E9

Amount of Each Disbursement this Period

6355.80

TV ad never released

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-275399.74

-538816.74

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Put Alaska First

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Waterfront Strategies

Nature of Debt (Purpose):
TV Ad ProductionMailing Address 3050 K St NW
Ste 100City State Zip Code
Washington DC 20007-5108

Outstanding Balance Beginning This Period

29818.45

Transaction ID : VNEZS9HAMN1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29818.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

29818.45

2) **TOTALS** This Period (last page this line number only)..... ►

29818.45

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

29818.45

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SD10

Transaction ID : VNEZS9HAMN1

TV AD Oppose: Dan Sullivan Payment will show on End of Year Report

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 27
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First			FEC IDENTIFICATION NUMBER ▼ C C00544346		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Ambrosino Muir Hansen Crounse			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 500 Sansome St Ste 404			Amount 44420.00		
City San Francisco		State CA	Zip Code 94111-3218		Transaction ID : VNGY99WAHX8
Purpose of Expenditure Direct Mail		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>		
Calendar Year-To-Date Per Election for Office Sought		5652384.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ambrosino Muir Hansen Crounse			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 500 Sansome St Ste 404			Amount 44420.00		
City San Francisco		State CA	Zip Code 94111-3218		Transaction ID : VNGY99X09H2
Purpose of Expenditure Direct Mail		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>		
Calendar Year-To-Date Per Election for Office Sought		5652384.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....			88840.00		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Jim Lottsfeldt</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 27
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First		FEC IDENTIFICATION NUMBER ▼ C C00544346
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 500 Sansome St Ste 404		Amount 44420.00
City San Francisco	State CA	Zip Code 94111-3218
Purpose of Expenditure Direct Mail	Category/Type 004	Transaction ID : VNGY99WPCY1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Dan Sullivan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		5652384.75

Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 500 Sansome St Ste 404		Amount 44420.00
City San Francisco	State CA	Zip Code 94111-3218
Purpose of Expenditure Direct Mail	Category/Type 004	Transaction ID : VNGY99WPCZ9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Dan Sullivan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		5652384.75

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88840.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jim Lottsfeldt

[Electronically Filed]

Date

MM / DD / YYYY
11 / 29 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 22 OF 27
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First			FEC IDENTIFICATION NUMBER ▼ C C00544346	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 500 Sansome St Ste 404		Amount 27300.00		
City San Francisco	State CA	Zip Code 94111-3218	Transaction ID : VNGY99X0965	
Purpose of Expenditure Direct Mail	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 500 Sansome St Ste 404		Amount 27300.00		
City San Francisco	State CA	Zip Code 94111-3218	Transaction ID : VNGY99X0981	
Purpose of Expenditure Direct Mail	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		54600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Jim Lottsfeldt</i>		Date M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 27
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First		FEC IDENTIFICATION NUMBER ▼ C C00544346	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ambrosino Muir Hansen Crounse		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 500 Sansome St Ste 404		Amount 44420.00	
City San Francisco	State CA	Zip Code 94111-3218	Transaction ID : VNGY99X09B4
Purpose of Expenditure Direct Mail	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Revolution Messaging, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1730 Rhode Island Ave NW Ste 310		Amount 5000.00	
City Washington	State DC	Zip Code 20036-3101	Transaction ID : VNGY99XRDK5
Purpose of Expenditure Online Advertising	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		49420.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Jim Lottsfeldt</i>		Date M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 27
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First			FEC IDENTIFICATION NUMBER ▼ C C00544346	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 3050 K St NW Ste 100		Amount 675811.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VNGY99WS0G8	
Purpose of Expenditure TV Media Schedule		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 3050 K St NW Ste 100		Amount 2600.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VNGY99XC717	
Purpose of Expenditure TV Production		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		678411.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Jim Lottsfeldt</i>		Date M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2014		
		[Electronically Filed]		

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 679501.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VNGY99X4DS5 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure TV Media Schedule	Category/ Type 004		
Name of Federal Candidate Dan Sullivan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AK
Calendar Year-To-Date Per Election for Office Sought	5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>717243.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 27
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First			FEC IDENTIFICATION NUMBER ▼ C C00544346	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 3050 K St NW Ste 100		Amount 99934.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VNGY99XDQ99	
Purpose of Expenditure Radio advertising schedule		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 3050 K St NW Ste 100		Amount 40000.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VNGY99XJYX3	
Purpose of Expenditure Radio advertising schedule		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		139934.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Jim Lottsfeldt</i>		Date M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 27
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Put Alaska First		FEC IDENTIFICATION NUMBER ▼ C C00544346	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 164943.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VNGY99XMJN0
Purpose of Expenditure TV Media Schedule		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Dan Sullivan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		5652384.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		164943.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		1982231.74	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Jim Lottsfeldt</i>		Date 11 / 29 / 2014 <i>[Electronically Filed]</i>	